



**City of Harrisburg
Health License Application**



City of Harrisburg •
Linda D. Thompson, Mayor

Department of Building and Housing Development • **Bureau of Codes**

Business Name

Primary Property Address

Tax Parcel ID Number

Application Type (Check ALL That Apply):

Public Eating & Drinking

- ☐ Occupancy 0-49
- ☐ Occupancy 50-99
- ☐ Occupancy 100+
- ☐ Multi: Any Restaurant Category +
Catering + Special Events

**Grocery / Convenience Store:
Total Floor Area**

- ☐ 499 Square Feet or less
- ☐ 500-999 Square Feet
- ☐ 1000-4999 Square Feet
- ☐ 5000 Square Feet
- ☐ Bakery, Deli, or Meat Department

Market Style Food Vendor

- ☐ Non-hazardous Foods
- ☐ Meat / Poultry / Seafood / Bakery
- ☐ Wholesale Option

Miscellaneous

- ☐ Off-site catering within the City
- ☐ Special Events / Separate Application

Food Wholesale

- ☐ Distributor

Non-profit: Must be a 501(c)

- ☐ Social Kitchen Only
- ☐ Institutional/Commercial Kitchen

Applicant

Applicant Status: Manager_____ Owner_____ Lessee_____

Name _____

Company _____

Address _____

Phone _____

Alt. Phone _____

Fax _____

Email _____

Owner

Name _____

Company _____

Address _____

Phone _____

Email _____

Please Choose from one of the following:

New Construction _____ Remodeled _____ New Owner/Management _____
Other/Describe _____

Type of Service (Check All that Apply)

_____ Dine In _____ Retail _____ Market Stand _____ Caterer
_____ Take Out _____ Supermarket _____ Day Care _____ Distributor

Will there be patron seating?

Yes _____ No _____

Projected Seating Capacity: _____

Will there be outdoor seating?

Yes _____ No _____

If yes, you must obtain a sidewalk permit.

Type of Menu

Full Service _____ Limited Menu _____
Specific Food Items _____

*** Please Attach Menu***

Do you have or have you applied for a liquor license?

Yes _____ No _____

If yes, what is your LCB license number?

Employee Information

Total # of Employees _____

of Employees on largest shift _____

Do you have an employee and/or manager on staff which is a PA Certified Food Handler?

Yes _____ No _____

*** Please attach copy of certificate**

Do you have an employee health policy?

Yes _____ No _____

See Sections 46.111 thru 46.115 of the PA Food Code.
If you do not have a health policy, you must develop one before opening.

Smoking Policy:

Will the facility be smoke free?

Yes _____ No _____

If No, Is there a Non-Smoking section?

Yes _____ No _____

Waste Removal Provider:

Fire Suppression Provider:

Pest Control Service Provider:

Name _____ Telephone Number _____

Days of Operation & Time

___ Monday ___:___AM to ___:___PM ___ Friday ___:___AM to ___:___PM

___ Tuesday ___:___AM to ___:___PM ___ Saturday ___:___AM to ___:___PM

___ Wednesday ___:___AM to ___:___PM ___ Sunday ___:___AM to ___:___PM

___ Thursday ___:___AM to ___:___PM

Items to Be Submitted With This Application

INCOMPLETE APPLICATIONS WILL BE RETURNED

Each Applicant Must Include:

- ☐ Copy of Government Issued Photo ID
- ☐ Copy of PA Food Certification
- ☐ Copy of Proposed Menu
- ☐ List of Vendors / Contact Information
- ☐ Business Privilege & Mercantile Application with Separate Check
- ☐ If declaring Non-Profit status, you must attach proof of 501 (c) (3) standing; if operating an establishment, a statement of your mission as declared to the IRS and how the activity directly serves your mission.

New Construction or Remodel Facilities Applicants Must Include:

- ☐ Detailed floor plan of entire establishment.
- ☐ Detailed construction, renovation plans, including plumbing & electric *
- ☐ Detailed list of all equipment with specification sheets

* All plumbing and electrical work must be done by a plumber or electrician licensed by the City of Harrisburg, must have a Third Party Inspection when applicable and must have a permit where applicable. All contractors and equipment installers must have a mercantile license with the City. Permits are required for any work valued at \$1,000.00 and above, this value includes fair market value of all labor and supplies/equipment.

Health Applications Fee Schedule

Public Eating & Drinking	Fee	Code
Occupancy 0-49	\$75.00	A
Occupancy 50-99	\$100.00	B
Occupancy 100+	\$150.00	C
Multi: Any Restaurant Category + Catering + Special Events	\$200.00	D
Miscellaneous		
Off-site catering within the City	\$75.00	E
Special Events / Separate Application Required	\$15.00 Per Day	F
Market Style Food Vendor		
Base Fee	\$25.00	G
Meat / Poultry / Seafood / Bakery / Add →	\$75.00	H
Wholesale Option	\$50.00	I
Grocery / Convenience Store: Total Floor Area		
499 Square Feet or less	\$50.00	J
500-999 Square Feet	\$75.00	K
1000-4999 Square Feet	\$100.00	L
5000 Square Feet	\$150.00	M
Bakery, Deli, or Meat Department / Add →	\$50.00	N
Food Wholesale		
Distributor	\$100.00	O
Non-Profit: Must be a 501 (c)		
Social Kitchen	\$25.00	P
Institutional / Commercial	\$50.00	Q
APPLICATION FEE ADD	\$25.00	Z

* This amount is doubled if application is not turned in 10 business days before change / opening of establishment.

* Although your Health License will cover all events, if you choose to participate in special events, you will need to carry the \$50.00 General Mercantile License in addition to \$40.00 Business Privilege and Mercantile License.

Health License specifics

1. All Health Licenses expire on December of that issuance year; they are not pro-rated.
2. A license is for that establishment, at that location, for that owner. They are NOT transferable. All changed from original application should be submitted to this office, in writing within 48 hours.
3. All licensed establishments must file an amended application before equipment changed, renovations or extensive menu changes (25% of menu). Changes are subject to approval of this office.
4. All licensed establishments are subject to formal and informal inspections at any time. The results of a formal inspection are public domain and may be provided in a public forum.
5. All licenses are subject to suspension and revocation for failure to follow applicable laws and guidelines regarding food service and codes violations relating to the entire property-containing establishment. Rules and regulations are available for review in the Office of Codes Administration, Suite 206 of the Martin Luther King, Jr., City Government Center, 10 N. Second Street, Harrisburg, PA 17101. Any changes, clarifications or additions, will be posted the first business day of each month.

I hereby acknowledge receipt of the Health License Application Packet. I have thoroughly reviewed all information and have willingly completed the application(s). I understand that the rules and regulations are available in the office of the Bureau of Codes Enforcement and have the opportunity to view them at any time. I acknowledge that all the information is true to the best of my knowledge and that I am an owner or authorized agent of the corporation. I further understand that any falsification of this document will result in it being null and void. It is to be noted that submission of a false statement to a public official, pursuant to Section 4904 of Title 18 of Pennsylvania Crimes Code, constitutes a misdemeanor of the third degree offense, punishable by a fine and imprisonment of not more than one year.

Owner/Applicant or Authorized Agent

Date

Print Name

Title

Signature of Witness

Date

Print Name

Phone Number: _____

*******FOR OFFICIAL USE ONLY*******

Forward completed application to Tax & Enforcement Office

Date Received by:

Tax & Enforcement Office: / /

Business Zoning/Fire Prevention: / /

Health Officer / Codes Department: / /

Final Inspection: / / ☐ PASS ☐ FAIL

Authorized Signature of Approval / Health Officer

Date